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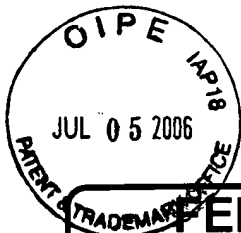
| | | | |
|---|----|------------------------|---------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application No. | 10/671,973 |
| | | Filing Date | |
| | | First Named Inventor | Tuan M. Quach |
| | | Art Unit | 2182 |
| | | Examiner Name | Chen, Alan S. |
| Total Number of Pages in This Submission | 16 | Attorney Docket Number | 42P17508 |

| ENCLOSURES (check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Return Receipt Postcard</div> |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Firm or Individual name | Farzad E. Amini, Reg. No. 42,261 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature | |
| Date | June 30, 2006 |

| CERTIFICATE OF MAILING/TRANSMISSION | | | |
|--|-------------------|------|---------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | | | |
| Typed or printed name | Margaux Rodriguez | | |
| Signature | | Date | June 30, 2006 |

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 11/30/2005.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

| | |
|----------------------|---------------|
| Application Number | 10/671,973 |
| Filing Date | |
| First Named Inventor | Tuan M. Quach |
| Examiner Name | Chen, Alan S. |
| Art Unit | 2182 |
| Attorney Docket No. | 42P17508 |

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 120.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|----------------------|----------------|----------|
| 24 | 24 ^{**} = 0 | 50.00 | \$0.00 |
| Independent Claims | 6 ^{**} = 0 | 200.00 | \$0.00 |
| Multiple Dependent | | | |
| Large Entity | Small Entity | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) |
| 1202 | 50 | 2202 | 25 |
| 1201 | 200 | 2201 | 100 |
| 1203 | 350 | 2203 | 180 |
| 1204 | 750 | 2204 | 395 |
| 1205 | 300 | 2205 | 150 |
| SUBTOTAL (1) | | (\$) | 0.00 |

^{**}or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|--------------|--------------|-----------------|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) |
| 1051 | 130 | 2051 | 65 |
| 1052 | 50 | 2052 | 25 |
| 2053 | 130 | 2053 | 130 |
| 1251 | 120 | 2251 | 60 |
| 1252 | 450 | 2252 | 225 |
| 1253 | 1,020 | 2253 | 510 |
| 1254 | 1,590 | 2254 | 795 |
| 1255 | 2,160 | 2255 | 1,080 |
| 1401 | 500 | 2401 | 250 |
| 1402 | | 2402 | |
| 1403 | | 2403 | |
| 1451 | | 2451 | |
| 1460 | | 2460 | |
| 1807 | 50 | 1807 | 50 |
| 1806 | 180 | 1806 | 180 |
| 1809 | 790 | 1809 | 395 |
| 1810 | 790 | 2810 | 395 |
| SUBTOTAL (2) | | (\$) | 120.00 |

Other fee (specify)

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|-----------------|-----------------------------------|----------|-----------|----------------|
| Name (Print/Type) | Farzad E. Amini | Registration No. (Attorney/Agent) | 42,261 | Telephone | (310) 207-3800 |
| Signature | | Date | 06/30/06 | | |